

REGULAR meeting of the Board of Equal Rights Commission held Friday, June 19, 2009 in room 301-B of City Hall, Milwaukee, Wisconsin.

PRESENT: George Williams, III
Michael Barndt
Ray Vahey (via teleconference)
Ivan Gamboa
Renee Taylor
Genyne Edwards

EXCUSED: Chris Her-Xiong

Staff: Maria Monteagudo, Employee Relations Director
Rebecca Reyes Duke, Commission Staff (Excused)
Heidi Galvan, Commission Attorney

Chairperson Williams called the meeting to order at 2:05 p.m.

Agenda Item #1

The transcript of the May 6, 2009, Equal Rights Commission meeting was approved. (Gamboa/Vahey) Unanimous.

Agenda Item #2

The minutes from the May 19, 2009 ERC meeting were approved. (Barndt/Taylor)

Commissioner Barndt asked that his name be spell checked as it was sometimes spelled incorrectly in the May 19th minutes. Commissioner Barndt also wanted to make a point regarding the need to have the Commission identify its scope of responsibility and what it can and cannot address using the example of "layoffs". Clarification was provided that layoff issues are outside of the scope of the Commission's purview because of labor contract provisions and the Rules of the City Service Commission.

Agenda Item #6

Milwaukee Health Department Briefing

Chairperson Williams indicated that he would like to move to Agenda Item 6, as the guest speaker, Bevan Baker, Commissioner of Health, was present. Ms. Monteagudo gave a brief introduction of Mr. Baker and explained that he would speak on how Milwaukee Health Department programs and services impacts equal rights issues in Milwaukee.

Mr. Baker began by thanking the ERC for their interest in how all city departments integrate the notion of equal rights into the delivery of their product. He said that the

Milwaukee Health Department (MHD) is built upon the trust of the community as being the public health authority and the custodian of key data that protects our health. The Commissioner proceeded to describe some of the departmental programs.

Milwaukee Center for Health Equity

The MHD has been moving towards becoming an “outcome model”, which meant taking the data that they have and making it available to the public to prevent disease and enhance the quality of life for all. Over time, MHD has tried to build systems and put systems into place that would allow that outcome data to be delivered to the public. However, MHD recognizes that it is possible that there is not equity in terms of how the data is reaching the community and is pushing to make sure that there is equal access for all in the dissemination of data and access to health care. In utilizing the outcome model, MHD realized that there are negative outcomes that have several different underlying reasons such as social economic factors, education, racism, income, housing, vocational training, literacy, transportation, etc. In looking at these negative outcomes, the MHD realized these issues are considered the “upstream determinants of health” that must be addressed in order to achieve health and reduce health inequities. Thus, the notion of creating a “Center for Health Equity” in Milwaukee was born. Milwaukee is an ideal location for this type of center as it is the 17th largest city in the nation but ranks 7th worst in infant mortality; 7th worst in teen pregnancy; and 2nd worst for sexually transmitted diseases. In addition to these statistics, Milwaukee has some of the nation’s worst poverty, child poverty, violence, unemployment and high school drop out rates. In spite of everything the MHD was doing to address these issues, they realized that they could not stay “downstream” with these issues, but had to go “upstream” and address the root causes behind these issues. This meant that they had to look at advocacy and the need for policy change. However, the MHD was not funded to do that and had to go out and find a public/private partnership that could fund these efforts. They found that partnership through Columbia-St. Mary’s and they were able to commit \$1.5 million for three years, for the MHD to establish and fund the development of the Milwaukee Center for Health Equity. This will be only the second such center in the nation with Louisville Kentucky being the first. The MHD envisions the Milwaukee Center for Health Equity will eventually find a home in the new School of Public Health at the University of Wisconsin. The hope is that this will become a center for excellence within the new School of Public Health. This center will change the model that the MHD has been working with and will focus on the notion that everyone has an equal opportunity to be healthy. Every future grant that the MHD writes will include a notion of health equity that encompasses equal rights and equal access for all, written right into the grant. The MHD will then have our researchers and statisticians begin to build a model that will track the outcomes for the next five to seven years to determine the impact of equal rights, equal access and equity in terms of the health care that people receive. The MHD believes that the Milwaukee Center for Health Equity encompasses the very passions that the Equal Rights Commission would want.

Ecocultural Family Interview Project

Through a grant from the Blue Cross Blue Shield Tobacco Settlement for approximately \$500,000, the MHD has started the Ecocultural Family Interview Project (EFI) within the MHD’s Empowering Families of Milwaukee Program. The EFI will run through August 2011 in a partnership with the University of California-Los Angeles and the University of

Wisconsin-Madison. The EFI involves a combination of casual conversation, probing questions by the interviewer and preplanned/structured questions. The interviews result in identifying health inequity issues such as racial and socioeconomic discrimination that interfere with Milwaukee families' health and well-being. There are currently 30 families participating with the goal being 70 families.

Badger Care Enrollment

Studies have shown that community-based outreach and application assistance make a vital difference in reducing major barriers to accessing health care. Since Milwaukee's uninsured are disproportionately racial and ethnic minorities, improving insurance coverage can also help reduce health disparities. The MHD's existing Medical Assistance and Outreach Program has increased Badger Care enrollment by empowering residents to access and manage their own health care. Badger Care enrollment assistance through the MHD is responsible for 25% of all healthcare applications completed in Milwaukee County.

Swine Flu

After highlighting these three specific programs within the MHD, Mr. Baker then talked about how the issue of equal rights relates to the current H1N1 (Swine Flu) outbreak in the City of Milwaukee. He said that early on, when cases first started coming out of Mexico, there was a "moment of truth". Because most of the cases were limited to the South Side of Milwaukee, the MHD received a tremendous response that it was "those people" who had this disease. He said there was "hate radio", talk radio, bloggers, etc. who were saying that if you spoke Spanish or were of Hispanic origin, it was "those people" who brought the disease here. The MHD responded very early on that they were not going to isolate and call out that community and took a lot of criticism regarding the amount of information that they would release and what specific information they would not release. The MHD responded in this way to protect the privacy and the rights of the individuals and to avoid stigmatizing an entire community. After the first three deaths in Wisconsin were identified as African Americans, the hate radio, talk radio, bloggers, etc. started up again, now targeting African Americans, saying that "those people" do not know how to take care of themselves. Mr. Baker said that it is because of this type of discrimination that the MHD does not give out specific information regarding individuals. He said that when people do not know about a disease, the ignorance sometimes brings out the worst in people.

Hmong American Friendship Project

This project is involves working with the Hmong community to bring about access to information about sexual assault and domestic violence for Hmong women. There was recently a high-profile case regarding these issues in the Hmong community. The MHD has received monies from the Department of Justice to fund this project.

Mr. Baker then concluded with saying that the work of the Equal Rights Commission is huge. The reality is that what the Commission is here to guide and direct is happening right now. The MHD has the data to support their outcomes, but they needed modernization--something more relevant. The creation of the Milwaukee Center for Health Equity is the modernization and now working with the Equal Rights Commission brings it full circle. Mr. Baker then took questions from the Commissioners.

Commissioner Gamboa thanked Mr. Baker for his presentation and indicated that he is very interested the work that the Milwaukee Center for Health Equity will be doing. He stated that the ERC would be looking to Mr. Baker for guidance on what issues they should be concentrating on in the area of equal rights in health.

Mr. Baker followed up by saying that the Milwaukee Center for Health Equity will do exactly what it was intended to do—to help the citizens of Milwaukee. The key point of the center is to improve civic capacity and to deal with equity and access to health care for all citizens. He said that the MHD wants the citizens of Milwaukee to be the ambassadors of equal rights and health equity. “We are sitting here as “government”—we have a role, but unless the citizens decide that equal access and equity is needed for all, it will not happen. It comes down to building strategies and community organizing for better health.”

Commissioner Edwards echoed what Commissioner Gamboa had said and then asked Mr. Baker to speak on the *MAPP Project*, specifically the component that relates to community engagement and race relations.

Mr. Baker explained that the Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning tool for improving community health. The MHD was able to get a broad cross-section of individuals from across the city, to develop action teams to identify the things that need addressing in this community as it relates to health. This is a community driven approach that utilizes the model developed by the National Association of County and City Health Officials (NACCHO) and the Center for Disease Control (CDC). This process is a collaborative effort by the City of Milwaukee Health Department and a steering committee composed of leaders and representatives from a broad array of city departments, health systems, and community organizations. The action teams collect the data and then put that data into action to improve upon the outcome data. For example, the data collected may indicate that certain zip codes in the city have the highest number of sexually transmitted diseases or highest rate of violence. The action teams then mobilize and get leaders within that community to work in a collaborative effort to address these issues to improve the health and quality of life for the citizens. This is the largest community assessment that the MHD has ever undertaken and the outcomes from this data will drive the efforts of the MHD for the next three or four years.

Commissioner Vahey said that with all of the challenges ahead, he is delighted that Mr. Baker is on board to bring the focus, insight and the team leadership needed to address these issues.

Ms. Monteagudo stated that the ERC has a Community Engagement Sub Committee that will work to identify local agencies, non-profits and smaller agencies that deal with equal rights and human rights types of issues. The Sub Committee will work with these agencies to provide a mechanism to identify and address these issues. She stated that

what Mr. Baker talked about represents a wonderful opportunity for the ERC to work with the MHD through an internal partnership that utilizes community engagement to ensure equity in the area of health.

Mr. Baker agreed with Ms. Monteagudo stating that utilizing community engagement is what the MHD is hearing at the federal level of government as well. He said that President Obama's administration is talking about community engagement being the wave of the future. The MHD is ahead of that wave as they went to Washington, D.C. shortly after the election and presented the incoming Health and Human Services Secretary with information on the planned Milwaukee Center for Health Equity. "We have the data to support requests for funding from the government and we are currently recruiting a national leader in health equity to head up our center.", said Mr. Baker. The MHD has already applied for stimulus dollars under the first phase of monies designated for community engagement around health equity in addition to applying for data analysis money to do the evaluation portion of determining whether the avenue of health equity, community engagement and equal rights is working. Mr. Baker then cautioned the ERC that these programs are not without adversaries and opponents. He said that this is a battle for the soul of the city between the "haves" and "have-nots" and not since the early sixties and the signing of the equal rights act have you seen a battle such as this. He referred to the current issue of health care reform and pointed out the lines that have been drawn on that issue. Mr. Baker stated that the MHD is ahead of the game as they have been compiling data over the past ten years and have great outcome data ready for analyzing.

Commissioner Barndt then asked Mr. Baker to share how he envisions the ERC working with the MHD to accomplish the goals of the discussed projects.

The MHD hopes to benchmark best and promising practice so that Milwaukee can be the model for health change at the local level. Milwaukee, as the 17th largest city, is just large enough to be statistically significant. The MHD will need to set up an ongoing reporting mechanism with the ERC, possibly quarterly or at the very least biannually, to get the Commission's input and suggestions on how to address the outcome data that the MHD receives from these ongoing projects. The ERC will have to have more of an "operational finger" to bring about change at the local level, more than anytime in its' history. The MHD will feed the data and outcomes to the ERC in near real time, allowing the Commission to be proactive and say, "Here is what we want to happen in Milwaukee—this is how we (ERC) want City agencies to address the long term strategies." Mr. Baker stated that with most Equal Rights Commissions, it takes seven years to get the data and then you have to look back and see if you did the right thing. Those days are gone and things are now happening in near real time. The MHD needs to commit to sharing with this Commission, in near real-time fashion, how they are monitoring outcomes. This is going to be similar to the MAAP Project in that it is like "community assessment on steroids". It means doing things as fast as possible with the outcome data. If something does not work, you move on to the next thing. Mr. Baker said that this is where the ERC can help by calling the question, "Where are you on this?" - - not by calling in the question three or four years down the road, on a Blue Ribbon Panel, but by calling in the question as the operational dollars are being spent.

Commissioner Gamboa asked Mr. Baker what obstacles he foresees with the Milwaukee Center for Health Equity and do the obstacles relate more so to funding or policy making issues?

Mr. Baker stated that had the Milwaukee Center for Health Equity been financially linked to the City's tax levy, it is very likely that the MHD would not be able to do community engagement and organizing around equal rights and health equity for all. Therefore, we need public/private partnerships that can say what needs to be said. The power of the Equal Rights Commission is that you can say what others cannot say. We feel that the Center for Health Equity, if needed, can call out the policy makers, whose policies are causing inequities in terms of health care outcomes. To be able to do this, the Center must be independent of the very agencies charged with addressing the outcomes. "In other words, someone needs to police my own department to ensure that it is doing what it is to be doing", said Mr. Baker. This was one of the reasons that the Center for Health Equity was set aside from traditional tax levy dollars and the reason that the long-term home for it is the UW-Milwaukee School of Public Health. There may come a time when they have to say that county, city and state legislatures have not done what they need to do to change access to healthcare or health equity issues. Mr. Baker went on to say that, this is a new model for change and change is one of the most difficult things in human existence to deal with. The MHD is shifting to a new paradigm and changing the way they do business. Mr. Baker has told his staff that this cannot and should not be "your grandmother's" health department. The MHD wants to insulate this change from political and financial restriction and will do so through the Center for Health Equity. He went on to say that this ERC has the reach and authority to help to accomplish this.

Commissioner Taylor then asked Mr. Baker what challenges he faces from other within City government.

Mr. Baker responded by stating that this is going to take a long-term commitment from everyone involved. He said that he does not expect these changes to occur during his departmental rank but he does expect that he will see the community to the point that they can carry out this mission. During this time of economic hardship and dwindling budget dollars, our own employees are wondering why we need to address this. The MHD and others need to champion the cause of health equity in the face of reality that "we are the custodians and if we don't do this, people will look back (our children and grandchildren) and say, "what were they thinking?" The challenge that we face from many people is that they think this is a waste of time. Mr. Baker said, "Justice does not take a coffee break and injustice anywhere is injustice everywhere." Many people on the street right now have a sense of hopelessness when it comes to healthcare. If we can change the dialogue in the community on how we address health equity and equal rights, we then begin to empower people to make change happen. If people believe that they have an equal chance at being healthy, they will fight for that chance. That is what this is all about—creating change at the ground level. Mr. Baker said, "I may not have everyone's support, but I don't need it to carry this mission forward."

Commissioner Taylor thanked Mr. Baker for his presentation and his commitment to this mission.

Mr. Baker followed up by saying, "We are supposed to stand on the backs of the giants that came before us. The question is, will we allow those that come behind us to stand on our backs." He said that that is the reason why this Equal Rights Commission's work is so timely and so relevant.

Chairperson Williams told Mr. Baker that his presentation was a "breath of fresh air" and he again thanked Mr. Baker for being there.

Mr. Baker thanked the ERC Commissioners and asked them to create mechanisms whereas City departments can come before the ERC and be challenged to give you the necessary data that will allow this ERC to take the full arm of its' reach and make a change from the ground up.

Agenda Item #3

Paid Sick Leave Ordinance

Ms. Monteagudo stated that last week Judge Cooper gave his ruling saying that the City is prohibited from implementing and enforcing the Paid Sick Leave Ordinance (PSLO). It is her understanding that the decision can be appealed within 45 days and the City is currently deciding what course of action to take. As new developments take place, Ms. Monteagudo will update the Commission.

Ms. Galvan indicated that there is a meeting scheduled for Monday, June 22, 2009, to address Judge Cooper's ruling.

Commissioner Gamboa asked if the ERC would have any feedback by the next meeting date in August. Ms. Monteagudo said that there should be an update available should the Commission meet in August.

Commissioner Barndt said that the first statements made by Judge Cooper regarding this case do seem to allow room to file an appeal. He said that there are two other possible scenarios regarding the PSLO. One being a similar provision put back on the ballot by 9-to-5 or others; and the other being an effort to develop some state legislation. He said that there is some opportunity to learn from the legislation that had already been put together. Some parts of that legislation were awkward and there may scenarios where new legislation is introduced and this ERC is in a position to contribute to the new legislation to avoid some of the awkwardness of the language.

Chairperson Williams said that the entire process has been an educational opportunity for all involved. He then asked for any additional comments on Item #3. Hearing none, he moved on to Item #4.

Agenda Item #4

Community Engagement Subcommittee Structure and Status

Chairperson Williams indicated that he put this on the agenda in response to the email that the Commissioners received with the listing of all the community engagement

organizations. He said that he spoke with Rebecca Reyes Duke prior to the meeting and she indicated that she would be the contact for the Commissioners regarding this list. Ms. Reyes Duke will be working with the City's ITMD Department to get this listing online in a web-based format for easy accessibility.

Commissioner Edwards asked who would be responsible for making updates to this listing. Chairperson Williams said that it would be with the Sub-Committee with their contact being Ms. Reyes Duke.

Commissioner Barndt asked if it is planned to make this list public. Ms. Monteagudo responded that this could be talked about under agenda item #5. Commissioner Barndt said that it seems appropriate to allow and encourage community organizations to review and suggest amendments that will keep the list current and accurate.

Ms. Monteagudo asked for clarification on what Commissioner Barndt was suggesting. Commissioner Barndt said that as this list becomes public, the ERC should be inviting organizations to contribute to improving the list. He then asked if the Community Engagement Committee has discussed other things the ERC can do in respect to reaching out to organizations on this list. He said that putting together the reference materials was a good step, but what is the next step in developing some of these connections.

Chairperson Williams answered by saying that it is the aim and direction of the sub-committee to carry forth the questions and follow up.

Ms. Monteagudo suggested that if the information on the community organization listing is outdated by the time it is posted online, maybe they should look at posting only the name, telephone number and website of an agency. She stated that with hundreds of agencies listed, updating that list with information that can be found on the agencies website would dilute the effectiveness of the staff at the ERC.

Commissioner Barndt said that the updates he is referring to include adding organizations that may have been missed or updating contact information. He said that he is suggesting that the organizations contact us with updates at that level.

Chairperson Williams said that this falls within the scope of the sub-committee. Ms. Monteagudo said that she is not comfortable with posting this information right now without giving these agencies some notice. Commissioner Vahey said that once the sub-committee has the list in a more potable form, he and Commissioner Edwards can hone in on those agencies that will be the most productive areas for enhancement. Once the list is online, we can test the waters for a couple of months and then go back and enhance it as needed. Commissioner Vahey then asked for Commissioner Edwards input.

Commissioner Edwards agreed with Commissioner Vahey and said that the scope of the sub-committee will be addressed when they have another opportunity to meet. We will then be able to suggest a format and some next steps, hopefully by the August meeting.

Ms. Monteagudo reminded the sub-committee that she and her staff are available to assist with the posting of the meeting, staffing of the meeting and offered any other needed resources.

Agenda Item #5

ERC Website Update

Ms. Monteagudo presented the Committee with packets of draft information on the new ERC website. She went through each page with the first page being a view of the new home page. She stressed that this is a draft and all suggestions for change are welcome. Ms. Monteagudo then asked Ms. Leslie La Bontè to the table. Ms. La Bontè created the draft document of the new website.

Ms. La Bontè went through each page and gave the ERC a more comprehensive overview of the draft and what it encompasses. Chairperson Williams asked for questions or comments on Ms. Labontè's presentation.

Commissioner Barndt stated that the Accountability Committee could be looking at website questions as well, on two levels. One is becoming a sort of report card and second it could be creating a summary of the key initiatives going on in departments as well as the Mayor's Office. The result being highlighting what is going on not only in the community, but also what is going on in city departments. As Mr. Baker indicated, we don't want to see an annual report exclusively. We want to be able to look at things as they happen and encourage citizens to use the website to find out what is going on internally and externally and be proactive.

Ms. Labontè indicated that there would be a tab on the new website for exactly this purpose.

Ms. Monteagudo agreed with Commissioner Barndt that the website could be utilized to highlight what city departments are doing as well as the sub-committees of the ERC.

Commissioner Barndt followed up by commenting on and encouraging the ERC to do some of the outreach that needs to be done through the context of the website. He said that making the website an interactive tool may be the next step, but it is certainly not the first step.

Chairperson Williams asked if there were any other comments on Item #5. Hearing none, he moved to Item #7.

Agenda Item #7

Chairperson Williams motioned to schedule the next meeting for Tuesday, August 18, 2009, at 2:00 p.m. Commissioner Barndt moved, seconded by Commissioner Gamboa. Chairperson Williams then asked if there were any further comments.

Commissioner Barndt encouraged Ms. Monteagudo to seek out another departmental guest for the next meeting.

Ms. Monteagudo indicated that she and the Chair will talk about that taking into consideration that the sub-committees will be meeting in the interim.

Chairperson Williams motioned for adjournment. Moved by Commissioner Taylor and seconded by Commissioner Edwards.

The meeting adjourned at 3:40 p.m.